

Exhibit C



Voter Data Request Form

Please select one of the following:

Electronic File Printed List Mailing Labels

VOTER INFORMATION AUTHORIZATION

NOTE: Minimum charge for any request is \$25.00

Please indicate the purpose of this request:

Governmental Use

Campaign Use

Election Related

Please indicate the type of file that you are requesting:

Statewide

District _____

County(s) _____

Other: _____

Please indicate all information that you are requesting:

NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment, jurisdiction and registrant ID number. Any additional fields must be indicated below.

Districts

(all districts associated with a voter)

Voting History

(elections a voter has participated in)

Method Voted

(i.e. absentee, early or Election Day)

Other*: _____

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: David Michael Lippert

Organization: Local Labs

Address: 1611 Melrose Ave., St. Louis Park, MN 55426

Phone: (952) 905 - 8078

Email Address: mike.lippert@locallabs.com

Date: 03 / 29 / 2021

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

I hereby swear that the requestor will not use or make available to others to use the requested material for purposes other than governmental, election, research and campaign purposes under penalty of law.

Signature of Requestor

For Office Use Only

Total Cost: \$ _____ Date Received: _____ / _____ / _____ Date Completed: _____ / _____ / _____
 Comments: _____ Receipt Number: _____